

215028715
52730

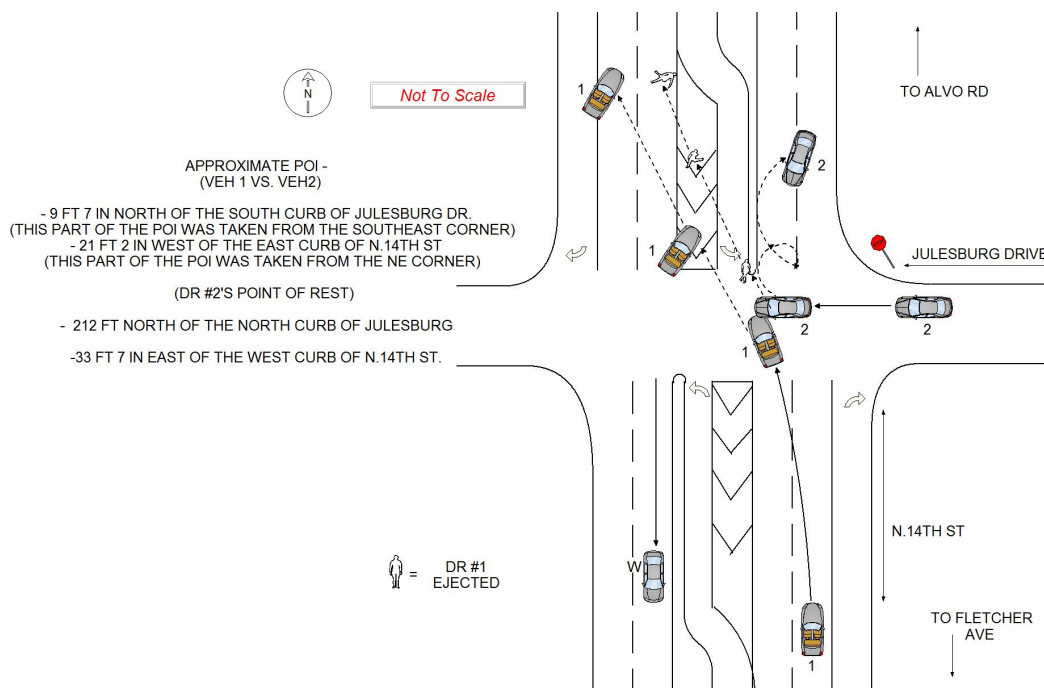
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 131	Agency Case No. B5-065185	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 07/20/2015		TIME OF ACCIDENT 1032	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1034	707/20/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N.14TH STREET		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
2	NAME OF INTERSECTING ROADWAY		O FEET O MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	JULESBURG DRIVE					
04	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
E	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	H13022984		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER JONATHAN M STEWART		PHONE 4025405544		LOCAL NO.	
V2/N	DRIVER ADDRESS 5203 N.9TH ST CIR, LINCOLN, NE		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/26/1988
5	OWNER KEITH D STEWART (DOB- 5/18/56)		PHONE 4026652464		LOCAL NO. 4024993362-CELL	
G	OWNER ADDRESS 2010 COUNTY ROAD A, CERESCO, NE 68017		CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
4	LICENSE PLATE PA NO.	6C909	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE
H	VEHICLE	2008	MAKE Porsche	MODEL BOXSTER	BODY STYLE Convertible	COLOR silver / chrome
V1/O	VEHICLE ID NO. (VIN)	WP0CB29828U731139		ESTIMATED DAMAGE <input checked="" type="radio"/> TOALED \$		INSURANCE COMPANY FARMERS MUTUAL INSURANCE CO
V2/O	TOWED TO 101 CHARLESTON CRT	TOWED BY CAPITAL TOWING		POLICY NO. AU336572		
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H13297761		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER NATALIE R KURTENBACH		PHONE 4027411809		LOCAL NO.	
V2/P	DRIVER ADDRESS 47318 490TH ST, LINDSAY, NE 68644		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	04/18/1992
1	OWNER HARRY KURTENBACH (DOB-6-19-56)		PHONE 4027411809		LOCAL NO.	
J	OWNER ADDRESS 47318 490TH ST, LINDSAY, NE 68644		CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
V1/Q	LICENSE PLATE PA NO.	10N455	YEAR (Plate Expires)		STATE (Of Plate)	NE
V2/Q	VEHICLE	2010	MAKE Chevrolet	MODEL MALIBU	BODY STYLE 4 door Sedan	COLOR white
1	VEHICLE ID NO. (VIN)	1G1ZC5EB3AF253858		ESTIMATED DAMAGE <input checked="" type="radio"/> TOALED \$		INSURANCE COMPANY FARMERS MUTUAL INSURANCE CO
K	TOWED TO 101 CHARLESTON CRT	TOWED BY CAPITAL TOWING		POLICY NO. AU117362		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS			1 Seat Position	2 Eject
1	JONATHAN M STEWART	5203 N.9TH ST CIR, LINCOLN, NE		12/26/1988	01	5
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)		EMS SERVICE NAME Lincoln Fire & Rescue	3 Body Region	4 Injury Sev.
					5 Trans.	
VEH. #	NAME	ADDRESS			1 Seat Position	2 Eject
1	DEREK B OLSON	5203 N.9TH CIR, LINCOLN, NE		10/02/1986	03	5
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)		EMS SERVICE NAME Lincoln Fire & Rescue	3 Body Region	4 Injury Sev.
					5 Trans.	
VEH. #	NAME	ADDRESS			1 Seat Position	2 Eject
2	NATALIE R KURTENBACH	47318 490TH ST, LINDSAY, NE 68644		04/18/1992	01	3
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)		EMS SERVICE NAME Lincoln Fire & Rescue	3 Body Region	4 Injury Sev.
					5 Trans.	

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



Officer was sent to investigate a 2 vehicle multiple injury accident at the intersection of N.14th/Julesburg Drive. Officers investigation revealed that Veh 1 was traveling Northbound on N.14th st in excess of the 45 mph speed limit and collided with Veh 2 which had just begun to pull into the intersection Westbound from Julesburg Dr. Dr 2 was ejected from Veh 2 and suffered life threatening injuries, Dr 1 and his passenger were both trapped in Veh 1 and sustained life threatening injuries. The Witness, who was traveling Southbound on N.14th at Julesburg Dr, reported observing Veh 2 to be stopped facing West bound on Julesburg Dr at the stop sign for N.14th st. He said Veh 1 was traveling at a high rate of speed Northbound on N.14th st from about Fletcher Ave and observed the collision occur between Veh 1 and Veh 2, in his rear view mirror. Charges are pending at this time.

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$																																										
	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$																																										
WITNESSES	NAME ROLAND SCHWICHTENBERG 1501 F ST #1, LINCOLN, NE												ADDRESS				PHONE 4022176076																																										
	NAME												ADDRESS				PHONE																																										
VEHICLE MOVEMENT BEFORE COLLISION												POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)												AIRBAG DEPLOYED VEHICLE 1												RESTRAINT USE VEHICLE 1												TOTAL OCCUPANTS				VEH 1		2		VEH 2		1	
VEH NO.		N	S	E	W	ROAD OR HIGHWAY NAME						VEHICLE 1				VEHICLE 2				VEHICLE 1				VEHICLE 1				ALCOHOL TESTING		Driver No. 1		Driver No. 2		Pedestrian																									
1		X				N.14TH STREET						POINT OF IMPACT		01		POINT OF IMPACT		08		-		2		-		Y		X		Y		Pedestrian																											
2					X	JULESBURG						POINT OF IMPACT		02		POINT OF IMPACT		08		-		2		-		N		N		X		N																											
1		01		06 Turning left				07 Making U-turn				MOST DAMAGED AREA		02		MOST DAMAGED AREA		08		1 Deployed - front				1 None used - vehicle occupant				BAC LEVEL																															
2		08		08 Entering traffic lane				09 Leaving traffic lane				00 None		02		03		04		2 Deployed - side				2 Lap & shoulder belt used																																			
01		Essentially straight ahead				09 Leaving traffic lane				09 Top & windows				01		02		03		3 Deployed - both front/side				3 Shoulder belt only used																																			
02		Backing				10 Parked				10 Undercarriage				08		09		10		4 Not deployed				4 Lap belt only used																																			
03		Changing lanes				11 Slowing or stopped in traffic				11 Total (all areas)				08		09		10		5 Not applicable/ No airbag available				5 Child safety seat used																																			
04		Overtaking/ Passing				12 Other				12 Other				08		09		10		6 Costume helmet used				6 Child booster seat used																																			
05		Turning right				13 Unknown				12 Other				08		09		10		6 Unknown				7 DOT approved helmet used																																			
OFFICER NO. 1508												TROOP/ TEAM/ BEAT 5				DEPARTMENT Lincoln Police Department												ALCOHOL/ DRUGS SUSPECTED				Driver No. 1 5		Driver No. 2 1																									
INVESTIGATOR NAME (Print or Type) Andrew Nichols												INVESTIGATOR SIGNATURE Approved by Officer Andrew Nichols												DATE OF REPORT 07/20/2015				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																															